

SANDWICH CEMETERY TRUSTEES
RECORD OF BURIAL

I, _____ performed the following burial in the
_____ cemetery:

Lot number / family: _____ Location in Lot: _____
(Example: 2nd from left)

Date of Burial: _____ Check one: casket _____ urn _____

Name of Deceased: _____
(Include maiden name)

Place of Birth: _____ Date: _____

Place of Death: _____ Date: _____

Name of Lot Owner: _____

Family Member Point of Contact: _____

Address: _____

_____ Date: _____
Print Name

Signature

Mail completed form to: Sandwich Cemetery Trustees
PO Box 88
Center Sandwich, NH 03227